

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS web site (see information on electronic forms, page 2.2).

- ☐ Face Sheet
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Service Expectations/Recruitment documentation
- ☐ Assurances/Certification of Authorizing Official
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from Planning Activities (e.g., Needs Assessments)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other _____

OMB No. 3137-0049

Face Sheet

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. 8. Business Phone of Project Director _____

9. Project Director Mailing Address _____

10. City _____

11. State _____

12. Zip Code _____

13. Fax Number of Project Director _____

14. E-mail Address of Project Director _____

15. Name and Title of Authorizing Official _____

16. Business Phone of Authorizing Official _____

17. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____18. Is the applicant organization university controlled? ☐ yes ☐ no

19. Priority addressed in this application (check only one):

- ☐ Priority 1: Recruit and educate the next generation of librarians
- ☐ Priority 2: Develop faculty to educate the next generation of library professionals
- ☐ Priority 3: Enable pre-professional library staff to make the transition to librarianship
- ☐ Priority 4: Provide the library community with information needed to support successful recruitment and education of the next generation of librarians.

20. Project Title _____

21. AMOUNT REQUESTED \$ _____

22. Amount of Matching Funds \$ _____

23. Grant Period (Starting Date) ____/____/____ — ____/____/____ (Ending Date)

24. In the space below, include names of any organizations that are official partners of the project.

25. Check governing control of applicant (select one) ☐ State ☐ Municipal ☐ County
☐ Private Non-Profit ☐ Tribal Government ☐ Other, please specify _____

26. Check Type of Organization (select one)

- | | |
|---|---|
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Academic Library |
| <input type="checkbox"/> Research Library | <input type="checkbox"/> Special Library |
| <input type="checkbox"/> School library or school district applying
on behalf of a school library or libraries | <input type="checkbox"/> Archives |
| <input type="checkbox"/> Museum library | <input type="checkbox"/> Private non-profit Library |
| <input type="checkbox"/> Library association | <input type="checkbox"/> Library consortium |
| <input type="checkbox"/> Institutions of Higher Education other than listed below | <input type="checkbox"/> State Library Agency |
| <input type="checkbox"/> Graduate school of library and information science | |
| <input type="checkbox"/> Four Year College | |
| <input type="checkbox"/> Community College | |
| <input type="checkbox"/> Other, please specify _____ | |

27. Employer identification number/tax ID number _____

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 1 - Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TITLE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 1

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL STUDENT SUPPORT \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$ _____

**TOTAL DIRECT PROJECT COSTS
EXCLUDING STUDENT SUPPORT \$** _____

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs – may be listed only as cost sharing.
☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

Name of Federal Agency

Expiration Date of Agreement

C. Rate base(s)

Amount(s)

_____ %	of	\$ _____	=	\$ _____
_____ %	of	\$ _____	=	\$ _____
_____ %	of	\$ _____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 2 (if applicable) – Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 2

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL STUDENT SUPPORT \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$ _____

**TOTAL DIRECT PROJECT COSTS
EXCLUDING STUDENT SUPPORT \$** _____

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 3 (if applicable) – Budget Period from ____ / ____ / ____ **to** ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL STUDENT SUPPORT \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

TOTAL DIRECT PROJECT COSTS EXCLUDING STUDENT SUPPORT \$	_____	_____	_____	_____
--	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
STUDENT SUPPORT	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____
INDIRECT COSTS*	\$ _____	\$ _____	\$ _____	\$ _____

*If you do not have a current Federally negotiated rate, your indirect costs must appear in the Applicant or Partner columns only. If you have a current Federally negotiated rate, you may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____ \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____ \$ _____
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% EXCLUDING STUDENT SUPPORT – RESEARCH PROJECTS EXCEPTED, SEE COST SHARING ON PAGE 1.7)

Have you received or requested funds for any of these project activities from another Federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____